

Amendment No. 1 to SB1503

McNally
Signature of Sponsor

FILED

Date _____

Time _____

Clerk _____

Comm. Amdt. _____

AMEND Senate Bill No. 1503*

House Bill No. 1613

by deleting all language after the enacting clause and by substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 68, is amended by adding Sections 2 through 6 of this act as a new chapter 59.

SECTION 2. This act shall be known and may be cited as, the "Tennessee Trauma Center Funding Law of 2007".

SECTION 3. As used in this act, unless the context otherwise requires:

(1) "Advisory council" means the Tennessee trauma care advisory council;

(2) "Commissioner" means the commissioner of health;

(3) "Comprehensive Regional Pediatric Center" means any pediatric in-patient hospital licensed by the department pursuant to Tennessee Code Annotated, Title 68, Chapter 11, Part 2, and Rule 1200-8-30-.01(4) of the Tennessee Rules and Regulations.

(4) "Coordinator" means the person designated by the commissioner pursuant to Section 5 of this act;

(5) "Department" means the department of health;

(6) "Trauma center" means any Level I, Level II, or Level III institution licensed by the department pursuant to Tennessee Code Annotated, title 68, chapter 11, part 2, and Rule 1200-8-12-.03 of the Tennessee Rules and Regulations;

(7) "Trauma patient" means a patient who is on the State Trauma Registry or the National Trauma Registry of the American College of Surgeons;

(8) "Trauma service codes" means the ICDA-9-CM discharge codes designated as trauma service codes by the American College of Surgeons, Committee on Trauma;

(9) "Trauma system" means all designated Level I, II, and III trauma centers, all designated comprehensive regional pediatric centers, and all other acute care hospitals which provide levels of treatment for trauma patients that are at least as great as the lowest level provided by one of the designated trauma centers;

(10) "Uncompensated care" means care provided by a facility defined as part of the trauma system to a trauma patient who:

(A) Has no medical insurance, including federal Medicare Part B coverage;

(B) Is not eligible for medical assistance coverage;

(C) Has no medical coverage for trauma through workers' compensation, automobile insurance, or any other third party, including any settlement or judgment resulting from such coverage; and

(D) Has not paid for the trauma care provided by the trauma provider after documented attempts by the trauma care services provider to collect payment.

SECTION 4. The advisory council shall submit an annual report to the house health and human resources committee of the house of representatives and the senate general welfare, health and human resources committee including, but not limited to, the incidence and status of traumatic injuries in Tennessee based on the definitions of "trauma patient" and "trauma services codes" provided in Section 3, the administration of the office of the coordinator, and recommendations for improving the collection and distribution of funds designated for trauma centers, comprehensive regional pediatric centers, and other acute care hospitals functioning as a part of the trauma system as defined under this act.

SECTION 5. The trauma care advisory council shall be responsible for the development of recommendations to the commissioner of health for payment of any available trauma system funds based on the following principles:

(1) Designated trauma centers of all levels and comprehensive regional pediatric centers shall be recommended to receive a grant or payment based upon the documented costs associated with maintaining required standards for designation;

(2) Uncompensated care costs associated with trauma patients and the trauma service codes shall be the basis for recommended payments made to designated trauma centers and comprehensive regional pediatric centers and to other acute care hospitals functioning as a part of the trauma system;

(3) Payments related to uncompensated care costs shall be made on a proportional basis related to actual patient volume and losses incurred; and

(4) The readiness costs associated with a documented risk of achieving or losing designation as a designated trauma center of any level shall be recommended if determined appropriate by the advisory council.

SECTION 6. There is established a general fund reserve to be allocated by the general appropriations act which shall be known as the "trauma system fund," hereafter referred to as the "fund." From the revenues deposited in the trauma system fund the department of health is authorized to provide funding to the trauma centers in accordance with the provisions of this act. In addition to providing funds for the trauma centers, moneys from the fund may be expended to fund other expenditures consistent with the provisions of this act. Any revenues deposited in this reserve shall remain in the reserve until expended for purposes consistent with this act, and shall not revert to the general fund on any June 30. Any excess revenues shall not revert on any June 30, but shall remain available for appropriation in subsequent fiscal years. Any appropriation from such reserve shall not revert to the general fund on any June 30, but shall remain available for expenditure in subsequent fiscal years.

SECTION 7. This act shall take effect July 1, 2007, the public welfare requiring
it.